



PHYSICAL THERAPY BOARD OF CALIFORNIA
1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825
TELEPHONE: (916) 263-2550 FAX: (916) 263-2560



Application for Request of:

Duplicate Certificate **(\$15.00)** – Fill out sections 1, 3 & 4

Name Change **(No Charge)** – Fill out sections 2, 3 & 4

Address / Information Update **(No Charge)** – Fill out section 4

In order to process your request, please complete this form and return it to the above address with the required fees attached. DO NOT submit a fee if you are solely submitting information to update your license record. Please type or print neatly. ALL INCOMPLETE FORMS WILL BE RETURNED.

If you are requesting a duplicate certificate, except due to loss, the original certificate must be returned with this request. Please allow a minimum of three (3) weeks to receive your duplicate wallet and a minimum of (7) weeks to receive your wall certificate.

Section 1. Request for duplicate Certificate(s). (Wall and/or Wallet)

I, _____ hereby certify that I am currently licensed to practice as a
(Full Name)
_____ in the State of California and I am the holder of license _____.
(Physical Therapist/Physical Therapist Assistant) (License #)
Said _____ certificate was _____ on or about _____.
(Wall or Wallet) (Stolen, Lost, Destroyed, etc.) (Date)

Section 2. Request Name Change.

The Physical Therapy Board may recognize a name change by a licensee if that name is not his/her adopted name for all purposes and if the change is not made for fraudulent purposes.

Note: You are not required by law to have the wall certificate changed. The new name will appear on your next renewal notice and pocket license.

I, _____ hereby certify that I am currently licensed to practice as a
(Full Name)
_____ in the State of California and am the holder of license _____.
(Physical Therapist/Physical Therapist Assistant) (License #)

I have assumed the name of _____ based on the following:
(Full Name)

(Select One) Marriage Dissolution of Marriage

Other: _____

Section 3. Photograph.

(2x2 Passport "Style" Photo)

A passport "style" photo (2"x2") must be attached below. The photo must have been taken within the last sixty (60) days. A photo MUST be attached to this form, or your request for duplicate wall certificate, wallet certificate and/or name change will not be processed.

Attach the passport "style" photo and sign your name in ink across the lower front portion of the photo.

DO NOT use Polaroid film. DO NOT crop photos.

I hereby declare under penalty of perjury under the laws of the State of California, that the attached photo of myself was taken within sixty (60) days of the date hereof.

(Signature)

(Date)

Section 4. Address / Information Update.

Name: _____ License Number: _____

Phone Number: () _____

Social Security Number _____ Date of Birth: _____

Old Address: (If Applicable)

Residence Address (PO Box not Acceptable)

Alternate Address of Record: (If you do not want your residence address disclosed to the public)

Year of Graduation: _____ Physical Therapy/Physical Therapy Assistant education received at:

Color of Hair: _____ Color of Eyes: _____ Height: _____ ft. _____ in. Weight: _____ lbs.

Identifying Marks: _____

I declare under penalty of perjury under the laws of the State of California that the information contained in this document are true and correct. Should I furnish any false information in this document, I hereby agree that it shall constitute cause for the denial, suspension or revocation of my license to practice as a Physical Therapist or Physical Therapist Assistant in the State of California. I understand the Board is authorized to verify any information contained in this document.

(Signature)

(Date)